

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

09

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		11950.90
(b) Cash on Hand at Beginning of Reporting Period .....	31754.01	
(c) Total Receipts (from Line 19) .....	19542.00	428403.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51296.01	440354.26
7. Total Disbursements (from Line 31) .....	49211.97	438270.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2084.04	2084.04
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4725.00	296875.00
(i) Itemized (use Schedule A) .....	1830.00	97023.17
(ii) Unitemized .....	6555.00	393898.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	12500.00	29351.73
(c) Other Political Committees (such as PACs) .....	19055.00	423249.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	2903.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	487.00	2250.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	19542.00	428403.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19542.00	428403.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	31765.98	293840.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	31765.98	293840.25
22. Transfers to Affiliated/Other Party Committees.....	5500.00	25500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	11945.99	118929.97
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	11945.99	118929.97
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49211.97	438270.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	49211.97	438270.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	19055.00	423249.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19055.00	423249.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31765.98	293840.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2903.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31765.98	290937.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Nelson Burbank

Mailing Address 24 Juniper Circle

City State Zip Code  
Reading MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166135

Amount of Each Receipt this Period

500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City State Zip Code  
Boston MA 02108-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 7

Transaction ID: 70809.C166092

Amount of Each Receipt this Period

-5000.00

Memo

## **[MEMO ITEM]**

D.Hamilton Stenberg, transfer excess contrib from fed to non

**C.** Full Name (Last, First, Middle Initial)

William Lee

Mailing Address 128 Maple St

City State Zip Code  
Danvers MA 01923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 0 7

Transaction ID: 70809.C166065

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Francis Lehar Mailing Address 11 Norwood Avenue City Manchester State MA Zip Code 01944 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 08 / 30 / 2007 <b>Transaction ID:</b> 70915.C166133 Amount of Each Receipt this Period 100.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Lovelace Mailing Address 6 Bonnie Dell Lane City Shrewsbury State MA Zip Code 01545 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 08 / 07 / 2007 <b>Transaction ID:</b> 70809.C166073 Amount of Each Receipt this Period 100.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour Mailing Address 49 Chelsea St., Unit C1-307 City Boston State MA Zip Code 02129 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Consigli & Brucato Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		Date of Receipt MM / DD / YYYY 08 / 07 / 2007 <b>Transaction ID:</b> 70809.C166068 Amount of Each Receipt this Period 500.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John ORourke Mailing Address 376 Ocean Avenue Apt. 1502 City State Zip Code Revere MA 02151 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 70809.C166082 Amount of Each Receipt this Period 100.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Shirley Perry Mailing Address 27 Lathrop Rd. City State Zip Code Wellesley MA 02482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer At Home Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> 70915.C166128 Amount of Each Receipt this Period 200.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Walter Shaw Mailing Address 709 Meadowcrest Circle City State Zip Code Ludlow MA 01056-1497 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 70809.C166101 Amount of Each Receipt this Period 125.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)

Donald Smith

Mailing Address P.O. Box 3251

City State Zip Code  
Peabody MA 01961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

08 / 30 / 2007

Transaction ID: 70915.C166138

Amount of Each Receipt this Period

50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Robert Spence

Mailing Address 83 E. Water Street- PO Box C

City State Zip Code  
Rockland MA 02370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

08 / 30 / 2007

Transaction ID: 70915.C166134

Amount of Each Receipt this Period

100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Gilbert Steward

Mailing Address 137 Larch Row

City State Zip Code  
Wenham MA 01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Stockbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 30 / 2007

Transaction ID: 70915.C166142

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) D. Bradford Wetherell		Date of Receipt MM / DD / YYYY 08 / 09 / 2007	
Mailing Address 47 Fresh Pond Ln.		<b>Transaction ID:</b> 70809.C166108	
City Cambridge	State MA	Zip Code 02138	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Romney for President	Occupation Policy Advisor	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Woodward		Date of Receipt MM / DD / YYYY 08 / 02 / 2007	
Mailing Address 4 Guzzle Brook Drive		<b>Transaction ID:</b> 70809.C166064	
City Sudbury	State MA	Zip Code 01776	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Investment Technology Gro- up	Occupation Product Manager	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

4725.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address Five Moore Drive Research Triangle Park		<b>Transaction ID:</b> 70809.C166091
City Durham	State NC	Amount of Each Receipt this Period 2500.00
Zip Code 27709		Receipt
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PAC	Occupation FEC: C00199703	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Liberty Mutual PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address Paul Mattera 175 Berkeley Street		<b>Transaction ID:</b> 70809.C166104
City Boston	State MA	Amount of Each Receipt this Period 5000.00
Zip Code 02117		Receipt
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PAC	Occupation FEC#- C00171843	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) The Bank of NY -Mellon Corporation		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address Joanie Jaxtimer Mellon Financial Center		<b>Transaction ID:</b> 70915.C166132
City Boston	State MA	Amount of Each Receipt this Period 5000.00
Zip Code 02108-4408		Receipt
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PAC	Occupation FEC #:C00017558	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
A.I.M. Mutual Insurance Company

Mailing Address PO Box 3500-59

City State Zip Code  
 Boston MA 02241-0559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 5 / 2 0 0 7

Transaction ID: 70809.C166110

Amount of Each Receipt this Period

487.00

Other Receipt

Note: return of premium

**SUBTOTAL** of Receipts This Page (optional) .....

487.00

**TOTAL** This Period (last page this line number only) .....

487.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Csx Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City Boston State MA Zip Code 02127-

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9927

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

339.00

STORAGE

Full Name (Last, First, Middle Initial)

**B.** Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9905

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

610.50

ACCOUNTING SERVICES

Full Name (Last, First, Middle Initial)

**C.** Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement  
ACCOUNTING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9930

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

462.00

ACCOUNTING SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

1411.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** DirecTV DirecTV

Mailing Address PO Box 60036

City  
Los Angeles

State  
CA

Zip Code  
90060-0036

Purpose of Disbursement  
CABLE SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9902

Date of Disbursement

/   /

Amount of Each Disbursement this Period

144.90

CABLE SERVICES

**B.** Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
EXPRESS MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112.70

EXPRESS MAIL

**C.** Garage Government Center

Mailing Address 50 New Sudbury Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9903

Date of Disbursement

/   /

Amount of Each Disbursement this Period

640.00

PARKING

**SUBTOTAL** of Disbursements This Page (optional) .....

897.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

## **A. Guardian Guardian**

Mailing Address Boston Group Office  
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9917

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

650.25

INSURANCE

Full Name (Last, First, Middle Initial)

## **B. Bruce Harrison**

Mailing Address 101 Elm St

City Wakefield State MA Zip Code 01880-

Purpose of Disbursement  
ADMINISTRATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9912

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

ADMINISTRATION

Full Name (Last, First, Middle Initial)

## **C. HPH Inc. Harvard Pilgram Heal**

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9904

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

3581.25

HEALTH INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

5231.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9929

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

2391.58

HEALTH INSURANCE

Full Name (Last, First, Middle Initial)

**B.** Boston Marriott Newton

Mailing Address 2345 Commonwealth Ave.

City Newton State MA Zip Code 02466-

Purpose of Disbursement  
EVENT DEPOSIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9926

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

1900.00

EVENT DEPOSIT

Full Name (Last, First, Middle Initial)

**C.** Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9940

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

74.99

CREDIT CARD FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

4366.57

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

## **A. Merchants Bankcard**

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9939

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

75.00

CREDIT CARD FEE

## **B. Konica Minolta Business Systems**

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement  
COPIER RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9906

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

708.75

COPIER RENTAL

## **C. Ox-Eye Properties**

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9931

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

3695.00

RENT

**SUBTOTAL** of Disbursements This Page (optional) .....

4478.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

## **A. Paychex/InterPay**

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
PAYROLL - 401 K

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9894

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

1923.08

PAYROLL - 401 K

Full Name (Last, First, Middle Initial)

## **B. Paychex/InterPay**

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
PAYROLL - TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9893

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

3477.87

PAYROLL - TAXES

Full Name (Last, First, Middle Initial)

## **C. Paychex/InterPay**

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9883

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

148.41

PAYROLL SERVICE FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

5549.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

## **A. Paychex/InterPay**

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
PAYROLL SERVICE -401 K

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70814.E9887

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.00

PAYROLL SERVICE -401 K

Full Name (Last, First, Middle Initial)

## **B. Paychex/InterPay**

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
PAYROLL-401 K

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70915.E9901

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1923.08

PAYROLL-401 K

Full Name (Last, First, Middle Initial)

## **C. Paychex/InterPay**

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement  
PAYROLL -TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70915.E9900

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3309.72

PAYROLL -TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

5387.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Poland Spring Poland Spring

Mailing Address Processing Center  
PO Box 52271

City Phoenix State AZ Zip Code 85072-

Purpose of Disbursement  
BOTTLE WATER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9907

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

132.95

BOTTLE WATER

Full Name (Last, First, Middle Initial)

**B.** Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9909

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

354.10

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9932

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

24.91

OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

511.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** T-Mobile T-Mobile

Mailing Address PO Box 790047

City  
Saint Louis

State  
MO

Zip Code  
63179-

Purpose of Disbursement  
PHONE SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70915.E9908

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1120.33

PHONE SERVICES

Full Name (Last, First, Middle Initial)

**B.** T-Mobile T-Mobile

Mailing Address PO Box 790047

City  
Saint Louis

State  
MO

Zip Code  
63179-

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70915.E9933

Date of Disbursement

/   /

Amount of Each Disbursement this Period

448.39

PHONE SERVICE

Full Name (Last, First, Middle Initial)

**C.** Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70915.E9910

Date of Disbursement

/   /

Amount of Each Disbursement this Period

416.53

PHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

1985.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

410.45

PHONE

Full Name (Last, First, Middle Initial)

**B.** Verizon- Verizon Internet Ser

Mailing Address PO Box 101096

City  
Atlanta

State  
GA

Zip Code  
30392-

Purpose of Disbursement  
INTERNET SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

767.62

INTERNET SERVICES

Full Name (Last, First, Middle Initial)

**C.** Verizon- Verizon Internet Ser

Mailing Address PO Box 101096

City  
Atlanta

State  
GA

Zip Code  
30392-

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9935

Date of Disbursement

/   /

Amount of Each Disbursement this Period

767.62

INTERNET SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

1945.69

**TOTAL** This Period (last page this line number only) .....

31765.98

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
D. HAMILTON STEMBERG TRANSFER OF EXCESS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9884

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
GEORGE PETERSON TRANSFER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9885

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5500.00

**TOTAL** This Period (last page this line number only) ..... ►

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Kirk Dobson

Mailing Address 1209 Boylston St.

City  
BostonState  
MAZip Code  
02215-Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9888

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Brian Dodge

Mailing Address 10 Parker Road

City  
GrovelandState  
MAZip Code  
01834-Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9889

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

2024.31

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Brian Dodge

Mailing Address 10 Parker Road

City  
GrovelandState  
MAZip Code  
01834-Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9896

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Amount of Each Disbursement this Period

2024.31

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

4512.05

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9890

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 8 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9897

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 8 / 2 3 / 2 0 0 7

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9891

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 8 / 0 9 / 2 0 0 7

Amount of Each Disbursement this Period

1245.83

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3719.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9898

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1245.83

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70814.E9892

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70915.E9899

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1232.51

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3714.93

**TOTAL** This Period (last page this line number only) .....

11945.99

Image# 27990632204

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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